

Medicaid Mental Health and Mental Health Services Plan
Individuals 18 years of age and older
Fee Schedule
February 1, 2008

I. Practitioner Services

Mental health practitioners include physicians, physician assistants, nurse practitioners, psychologists, social workers, and professional counselors. Practitioners bill using standard CPT-4 procedure codes and are reimbursed according to the Department's RBRVS system.

CPT Code	Procedure	Time	Psychologist	LCSW	LCPC
90801	Psychiatric diagnostic interview examination		\$82.98	\$82.98	\$82.98
90804*	Individual psychotherapy	20 - 30 min.	\$35.38	\$35.38	\$35.38
90806*	Individual psychotherapy	45 - 50 min.	\$51.73	\$51.73	\$51.73
90816*	Individual psychotherapy, inpatient, partial hospital, or residential	20 - 30 min.	\$34.51	\$34.51	\$34.51
90818*	Individual psychotherapy, inpatient, partial hospital, or residential	45 - 50 min.	\$51.84	\$51.84	\$51.84
90846*	Family psychotherapy without patient		\$50.49	\$50.49	\$50.49
90847*	Family psychotherapy with patient		\$61.95	\$61.95	\$61.95
90849	Multi family group psychotherapy		\$17.92	\$17.92	\$17.92
90853	Group psychotherapy (other than multi-family)		\$17.34	\$17.34	\$17.34
96101	Psychological testing including psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities	Per hour	\$75.28	NA	\$46.67
96105	Assessment of Aphasia	Per hour	\$53.58	NA	NA
96116	Neurobehavioral status exam	Per hour	\$84.39	NA	NA
96118	Neuropsychological testing battery by Psychiatrist or Psychologist	Per hour	\$147.79	NA	NA
96119	Neuropsychological testing battery by tech	Per hour	\$83.07	NA	NA
96120	Neuropsychological testing battery administered by computer	Per test battery	\$69.49	NA	NA

* Individuals may not receive more than a combined total of 16 sessions per year (July 1 through June 30).

II. Acute Inpatient Services

Acute care hospital services will be reimbursed for Medicaid beneficiaries under the Montana Medicaid program's Diagnosis Related Group (DRG) reimbursement system. All admissions of Medicaid recipients require prior authorization.

Acute care inpatient treatment is not a benefit under the Mental Health Services Plan.

III. Mental Health Center Services (in addition to practitioner services):

The following table summarizes services available through licensed mental health centers.

Service	Procedure	Modifier		Unit	Reimbursement	Co-pay	Limits	Management
		1	2					
Respite Care – Adult	S5150	HB		15 min	\$2.66	None	24 units/24 hours 48 units/mo	Retrospective
M.H. Group Home – Adult	S5102			Day	\$98.14	None	None	Retrospective
M.H. Group Home Therapeutic Leave	S5102	U5		Day	\$98.14	None	14 days / year	Retrospective
Adult Foster Care	S5140			Day	\$78.52	None	None	Retrospective
Adult Foster Care Therapeutic Leave	S5140	U5		Day	\$78.52	None	14 days / year	Retrospective
Day treatment – Adult Half day	H2012	HB		Hour	\$12.18	None	3 hrs/day	Retrospective
Community-based psychiatric rehabilitation & support – individual	H2019			15 min	\$6.38	None	None	Retrospective
Community-based psychiatric rehabilitation & support – group	H2019	HQ		15 min	\$1.91	None	None	Retrospective
Crisis intervention facility	S9485			Day	\$318.67	None	None	Prior Authorization
Program of Assertive Community Treatment (PACT)	H0040			Day	\$43.43	None	None	Retrospective review
Intensive Community Based Rehabilitation	S5102	HE		Day	\$232.49		None	Prior Authorization

IV. Case Management Services

Adult case management services available through the Medicaid program and through the MHSP must be provided by a licensed mental health center with case management endorsement.

Service	Procedure	Modifier		Unit	Reimbursement	Co-pay	Limits	Management
		1	2					
Targeted Case Management – Adult, Individual	T1016	HB		15 min.	\$18.60	None	None	Retrospective
Targeted Case Management – Adult, Group	T1016	HB	HQ	15 min.	\$3.35	None	None	Retrospective

V. Partial Hospitalization

Partial hospitalization services are available to Medicaid beneficiaries according to the following schedule:

Service	Procedure	Modifier		Unit	Reimbursement	Co-pay	Limits	Management
		1	2					
Acute Partial Hospitalization Full day	H0035	U8		Full Day	\$156.14	None	28 days*	Prior auth. CON
Acute Partial Hospitalization Half day	H0035	U7		Day	\$117.10	None	28 days*	Prior auth. CON

* Maximum recommended to utilization review agency; may be extended if medically necessary.

VI. Intensive Outpatient Services

Intensive outpatient services available through the Medicaid and Mental Health Services Plan must be provided by a licensed mental health practitioner when outpatient psychotherapy is medically necessary for more than 16 sessions per year. Dialectical Behavior Therapy Skill Development may be reimbursed to mental health center and/or mental health practitioner provider types.

Service	Procedure	Modifier		Unit	Reimbursement	Co-pay	Limits	Management
		1	2					
Intensive Outpatient Services	H0046	HB		45-50 min	\$56.43	\$3.00	None	Prior authorized
Dialectical Behavior Therapy – Skill Development - Individual	H2014			15 min	\$15.50	\$3.00	None	Prior authorized
Dialectical Behavior Therapy – Skill Development - Group	H2014	HQ		15 min	\$10.33	\$3.00	None	Prior authorized

VII Contracted Services

Certain services will not be paid through the Medicaid/MHSP claims processing system, but will be furnished through contracts between DPHHS and providers. **The services shown on this fee schedule are provided to MHSP beneficiaries** through a contractual agreement between the Addictive and Mental Disorders Division and a licensed mental health center. Contractors submit encounter claims to the state's MMIS.